

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY—DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295

REQUEST FOR A RETIREMENT ESTIMATE
POLICE AND FIREMEN'S RETIREMENT SYSTEM

Membership #: _____

Social Security #: _____

Name: _____

Birth Date: _____

Address: _____

Have you retired from PFRS
previously and returned to work? ☐ Yes ☐ No

Retirement Type: Check One

- ☐ **SERVICE** At least age 55; no minimum service requirement
or; 20–24 years of service at any age (if enrolled in the PFRS on 1/18/2000).
- ☐ **SPECIAL** Any age; 25 or more years of service*
- ☐ **DEFERRED** Under age 55; 10 or more years of service*; pension begins at age 55
- ☐ **ORDINARY
DISABILITY** Totally and permanently disabled; 4 or more years of New Jersey service*
- ☐ **ACCIDENTAL
DISABILITY** Totally and permanently disabled as a result of an accident on the job
What was the date of the accident that caused the disability? _____

Planned Retirement Date: _____ Date you will terminate employment: _____

*must be the first of a month
and within 2 years of today's date*

Spouse's Name: _____ Spouse's Birth Date: _____

THIS FORM IS NOT AN APPLICATION FOR RETIREMENT

An application for retirement allowance must be filed with the Division of Pensions and Benefits before your retirement date, preferably three to four months in advance to allow time for processing.

An application for retirement allowance will be enclosed with the estimate that we will send you if your planned retirement date is within six months.

**Service means service credited in the retirement system, which may not coincide with service with your employer. For Ordinary Disability, this service must have been performed in New Jersey. (Out-of-state, military, and U.S. government service purchases cannot be used to attain the 4 years.)*

FOR DIVISION USE ONLY

REASON FOR MANUAL CALCULATION (Attach screen print):

☐ Chpt. 247 ☐ Chpt. 428 ☐ Other (Explain): _____

Counselor: _____ Date: _____